

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90133 004 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J68569**  
 1. Corporation Name  
**MAGNUM ENVIRONMENTAL SERVICES, INC.**

Principal Place of Business 1280 NE 48 STREET POMPANO BEACH FL 33064	Mailing Address 1280 NE 48 STREET POMPANO BEACH FL 33064
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DO NOT WRITE IN THIS SPACE


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/17/1987</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2819155</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**DIMARIA, ALBERT**  
 1280 N.E. 48TH STREET  
 POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name <b>JAMES FREDERICO</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1280 NE 48TH ST.</b>
83
84 City <b>POMPANO BEACH FL</b>
85 Zip Code <b>33064</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **JAMES FREDERICO** DATE **4/10/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>EVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMOS, OSIRIS</b>	
STREET ADDRESS	<b>5945 SE GENERAL LEE TERRACE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIMARIA, ALBERT</b>	
STREET ADDRESS	<b>740 NE 28 AVE</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>FREDERICO, JAMES</b>	
STREET ADDRESS	<b>3779 NW 52ND STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DENNIS</b>	
STREET ADDRESS	<b>6820 NW 75 CT.</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FULTON, PENNU</b>	
STREET ADDRESS	<b>1280 NE 48TH STREET</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33064</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1550 SE 11TH ST.</b>
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>ZIP: 33027</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>FULTON, PENNY</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **JAMES FREDERICO** DATE **4/10/99** DAYTIME PHONE # **954-785-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1.1/98)